

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007449

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 172 Primary Registration District No. 4271 Registrar's No. 9

**FILED FEB 27 1963**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>LAFAYETTE</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	a. STATE <u>MISSOURI</u>	b. COUNTY <u>LAFAYETTE</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		c. CITY OR TOWN <u>ALMA</u>	d. STREET ADDRESS (If outside, give location)
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
<u>Fred Gustav Wagner</u>		<u>Feb 22 1963</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Marital Status Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-28-1897</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (City and state or country) <u>ALMA - Mo</u>
13a. FATHER'S NAME <u>William Wagner</u>		13b. MOTHER'S MAIDEN NAME <u>SOPHIA ROLE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of)		17. INFORMANT <u>SARAH WAGNER - ALMA Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Coronary Infarct</u>		
DUE TO (b) <u>Found dead in his farm on his farm</u>		
DUE TO (c) <u>By his farm wife</u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Patient / Douglas killing his wife in heat</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m.		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <u>never</u> and last saw her alive on <u>never</u> Death occurred at <u>about 9:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>W. Martin</u>	(Degree or title)	22b. ADDRESS <u>Odena Mo</u>	22c. DATE SIGNED <u>2-22-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>FEB 24 - 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. PAUL, LUTHERAN</u>	23d. LOCATION (City, town, or county) <u>Concordia Mo.</u>

24. FUNERAL DIRECTOR <u>BREMER-WIEGERS-RIEKHOFF - ALMA - Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Feb. 25-1963</u>	26. REGISTRAR'S SIGNATURE <u>Lutie Gordon Jordan</u>
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(Licensed Embelmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

DATE AMENDED

VS 300  
Rev. 4/59

10540

20540

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94201

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1290-0

132-0

DEC 6 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Roy F. Wiegand

Licensed Embalmer No. 2883

P. O. Address Higginville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.